Name in Full: T. May Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olivet — County: Calvert

Date of death: 1904 — Month: Aug. — Day: 24 — Age: — Years — Months: 4 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Calvert Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Samuel B Carroll — Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary Engle — Mother's Birthplace: Calvert Co

Name of person giving Information: Mary Engle Carroll — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: about 2 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Chambers MD

Address: Lusby, Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A35016

Name in Full: Irene Coale

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Huntingtown — County: Calvert

Date of death 1904	Month	Day	Years	Months	Days
	Aug.	17	Age 1	5	10

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John E Coale — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Melvina Chesser — Mother's Birthplace: " "

Name of person giving information: " " — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long:

Immediate: Innanit & Bowel food — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Tuttle

Address: Huntingtown Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Emory Denton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hickory — County: Calvert

Date of death 1904: Month: Aug — Day: 25

Age: Years — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Cal. Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: L. B. Denton — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Annie Wilburn — Mother's Birthplace: " "

Name of person giving information: Jas. Stallings — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ptomaine Poisoning — How long: 5 days

Immediate: from impure milk — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. W. Leitch

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sophia Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Huntingtown (County) Calvert

Date of death 1904 (Month) Aug. (Day) 11 (Years) Age 25 (Months) (Days)

Sex Female | Color or Race Black | Birthplace Cal. Co.

Occupation Housemaid | Where Residing if not at place of death

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name — | Father's Birthplace

Mother's Maiden Name Annie Fletcher | Mother's Birthplace Cal. Co.

Name of person giving Information Seton Harrison | How related to deceased Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Acute Pulmonary Tuberculosis | How long 1 year

Immediate Exhaustion | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Leitch

Address Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full: Thomas Oliver Fowler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Parran — County: Calvert

Date of death 1904 — Month: Aug — Day: 24 — Age — Years: — Months: — Days: 14

Sex: Male — Color or Race: White — Birthplace: Cal. Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Samuel R Fowler — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Mattie R Rawlings — Mother's Birthplace: " "

Name of person giving information: father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Fuller

Address: Huntingtown Md.

Accident or Suicide:

LIBRARY BUREAU A88318

Name in Full: Warren D Isaac

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Mutual County: Calvt.

Date of death: Month: Aug Day: 15 Year: 1904

Age: 17 Years 10 Months Days

Sex: Collard Color or Race: dark Birthplace: Calvt Co

Occupation: farmer Where Residing if not at place of death:

Married, Single or ~~Widowed~~ Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj I. Isaac Father's Birthplace: Calvt Co

Mother's Maiden Name: Hennie Harris Mother's Birthplace: Calvt Co

Name of person giving information: his Father How related to deceased:

Thomas Brooks

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria How long: 1 week

Immediate: Congestion of Brain How long: 3 days

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: D Busick

Address: Mutual Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Robert Daniel Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lusby; County: Calvert

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: aug Day: 25

Age: Years: 5 Months: 11 Days: 7

Sex: Male

Color or Race: Colored

Birthplace: Calvert Co

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Geo. E Johnson

Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Johnson

Mother's Birthplace: Calvert Co

Name of person giving Information: Geo. E. Johnson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever

How long: 3½ weeks

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. F. Chambers MD

Address: Lusby, Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A45316

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barlow — County: Calvert

Date of death: Month: Aug — Day: 10 — Years: Age — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Barlow

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Joseph King Sr. — Father's Birthplace: Calvert Co

Mother's Maiden Name: Elizabeth Hicks — Mother's Birthplace: Calvert Co

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. M. King MD

Address: Barlow Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Edith Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown; County: Calvert

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	Aug	15		5	

Sex: Female

Color or Race: Black

Birthplace: Cal Co.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name or Wife or Husband:

Father's Name: Harvey Long

Father's Birthplace: Cal. Co.

Mother's Maiden Name: Minty Eyles

Mother's Birthplace:

Name of person giving In formation: Benj Eyles

How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Catarrh — How long: 4 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Leitch

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Mary C Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Prince Frederick; County: Calvert

Date of death: Month: Aug; Day: 14; 1904

Age: Years: 61; Months: —; Days: —

Sex: Female

Color or Race: colored

Birthplace: Calvert Co

Occupation: Housewife

Where Residing if not at place of death: Nr Calvert Co

~~Married, Single~~ or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Hewen Alsop

Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary C Alsop

Mother's Birthplace: Calvert Co

Name of person giving Information: Mrs Mason

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus

How long: 2 Yrs

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. King Md

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Dunkirk — County: Calvert

Date of death 1904 — Month: Aug. — Day: 12 — Age: Years — Months — Days: 20

Sex: Girl — Color or Race: colored — Birthplace: Calvert Co

Occupation: Chambermaid — Where Residing if not at place of death: Calvert Co.

Married, Single or Widowed: Married — Name of Wife or Husband: Lonnie Oakley

Father's Name: Lonnie Oakley — Father's Birthplace: Gold Bar N.C.

Mother's Maiden Name: Isabell Warmack — Mother's Birthplace: Calvert Co

Name of person giving Information: Emmie Scott — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Bowels it is supposed — How long:

Immediate: was dying when first seen by me. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. M. Cheney M.D.

Address: Cheney Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Dunkirk — County: Calvert

Date of death: Month: 1904 Aug. — Day: 20 — Years: Age 3 months 12 days — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Dunkirk

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Nettie Simms — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Bowels — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. Ady, Chaney Md.

Address: Chaney, Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Francis Skinner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Plum Pt. — County: Calvert

Date of death 1904 — Month: Aug — Day: 24 — Years: Age 65 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Calvert Co

Married, Single or Widowed — Occupation: Housewife

Name of Wife or Husband: C. Skinner

Father's Name: —

Father's Birthplace

Mother's Maiden Name: —

Mother's Birthplace

Name of person giving information

How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Uterus — How long: 2 Yrs

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I. M. King Md

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A28516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Cheneyville — (County) Calvert

Date of death 1904 — Month Aug — Day 20 — Age Years 3 hours — Months — Days

Sex Female — Color or Race White — Birthplace Cheneyville

Occupation — — Where Residing if not at place of death —

Married, Single or Widowed — — Name of Wife or Husband —

Father's Name Robt. Walter Sorman — Father's Birthplace Calvert Co.

Mother's Maiden Name Susan H Sunderland — Mother's Birthplace " "

Name of person giving information Mother, Susan H Sunderland — How related to deceased Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate Premature Birth — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician C H Hemmeter

Address Lo. Marlboro

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68816

Name in Full: Conrad Whaler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chanyville — County: Calvert

Date of death: Month: Aug 11 — Day: 11 — Years: Age about 28 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Herman Whaler — Father's Birthplace: Germany

Mother's Maiden Name: Laemenia Whaler — Mother's Birthplace: Germany

Name of person giving information: W. Walters — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 10 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. Mc Chany M.D.

Address: Chany, Md.

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full

Certificate of Death

Solomon White

Died at Town: Adlington County: Cecil County MARYLAND

Date 1904 Month: aug Day: 2 | Age Y. 65 M. D. | Native of md | Occupation none

Male / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Wife~~ Husband of Mrs. Mch.

Father's Name Jabe White | Mother's Maiden Name Eliza Manuel

Cause of Death: Primary Consumption | How long sick 3 years

Immediate | Accident, Suicide, Homicide

Reported by W. B. Stafford undertaker

Address Bowers md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Robert young

Certificate of Death

Died at Bowie Town Calvert County MARYLAND

Date 1904 Month Aug Day 14 | Age Y. 44 M. D. | Native of md | Occupation farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living

~~Husband~~ / Wife of

Father's Name Ira young

Mother's Maiden Name Elizabeth Mitchell

Cause of Death: ~~Primary~~ Suicide; Immediate Pistol shot in head

How long sick 1 hr

Accident, Suicide, Homicide

Reported by W B Stafford undertaker

Address Bowie md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895